

CALIFORNIA STATE EMPLOYEES' CHARITABLE CAMPAIGN 2004 NON-AFFILIATE APPLICATION




California Government Code section 13923 and Title 2, California Code of Regulations, section 663, govern the solicitation of State officers and employees for charitable purposes and allow for payroll deductions related to the solicitation. State officers and employees may be solicited only by a Victim Compensation and Government Claims Board (Board) approved Principal Combined Fund Drive (PCFD).

FORM INSTRUCTIONS

The following items must be returned to the Board in order to be considered for participation in the 2004 Campaign. The complete application must be postmarked no later than MARCH 1, 2004.

1. Complete sections I-VI, **including an original signature**. Please print or type all information.
2. A **copy of your 501(c)(3) documentation**, including a letter from the IRS or other state issued documentation authorizing any legal name change.

Please Note:

-  Facsimile applications will **not** be accepted.
-  Any blank areas may result in the application being returned for incompleteness. If an item does not apply to your organization, please write "n/a" on the blank.
-  Return completed form to: Victim Compensation and Government Claims Board, PO Box 3035, Sacramento CA 95812

INDICATE ORGANIZATION STATUS by placing an "X" in the appropriate box:

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Non-affiliate organization, Independent

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Federation: A Federation is defined as any organization that represents itself and other organizations in the Campaign. This definition includes organizations such as America's Charities, Children's Charitable Alliance.

Pursuant to the legal authority cited above, the following organization hereby applies to the Board to (1) be included, by name, in the literature distributed during the 2004 California State Employees' Charitable Campaign (Campaign) by the organization(s) approved by the Board to serve as the PCFD for the area(s) listed in Section II below; and (2) receive contributions that State officers and employees may designate to our organization

I. ORGANIZATION INFORMATION:

Legal name as recognized by the I.R.S. as 501(c)(3) exempt; also include a letter from the IRS or other state issued documentation authorizing any legal name change.

Doing Business As/Also Known As: Include supporting documentation, i.e. fictitious business name, etc.

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

(Please do not use letters.)

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II. CONTACT INFORMATION:

PRIMARY CONTACT: _____

(Name and Title)

EMAIL ADDRESS: _____

WEB PAGE ADDRESS: _____

Board Use ONLY: _____

CSECC ID Number: _____

III. FEDERATION INFORMATION: (see definition on page 1)

FEDERATION NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: (____) _____

IV. AREAS OF SOLICITATION

Please place a check mark in the box next to the names of the California counties where your organization normally solicits contributions. If your organization normally solicits from all California counties, please indicate "statewide."

<input type="checkbox"/> Alameda	<input type="checkbox"/> Glenn	<input type="checkbox"/> Marin	<input type="checkbox"/> Placer	<input type="checkbox"/> San Mateo	<input type="checkbox"/> Sutter
<input type="checkbox"/> Alpine	<input type="checkbox"/> Humboldt	<input type="checkbox"/> Mariposa	<input type="checkbox"/> Plumas	<input type="checkbox"/> Santa Barbara	<input type="checkbox"/> Tehama
<input type="checkbox"/> Amador	<input type="checkbox"/> Imperial	<input type="checkbox"/> Mendocino	<input type="checkbox"/> Riverside	<input type="checkbox"/> Santa Clara	<input type="checkbox"/> Trinity
<input type="checkbox"/> Butte	<input type="checkbox"/> Inyo	<input type="checkbox"/> Merced	<input type="checkbox"/> Sacramento	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Tulare
<input type="checkbox"/> Calaveras	<input type="checkbox"/> Kern	<input type="checkbox"/> Modoc	<input type="checkbox"/> San Benito	<input type="checkbox"/> Shasta	<input type="checkbox"/> Tuolumne
<input type="checkbox"/> Colusa	<input type="checkbox"/> Kings	<input type="checkbox"/> Mono	<input type="checkbox"/> San Bernardino	<input type="checkbox"/> Sierra	<input type="checkbox"/> Ventura
<input type="checkbox"/> Contra Costa	<input type="checkbox"/> Lake	<input type="checkbox"/> Monterey	<input type="checkbox"/> San Diego	<input type="checkbox"/> Siskiyou	<input type="checkbox"/> Yolo
<input type="checkbox"/> Del Norte	<input type="checkbox"/> Lassen	<input type="checkbox"/> Napa	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Solano	<input type="checkbox"/> Yuba
<input type="checkbox"/> El Dorado	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nevada	<input type="checkbox"/> San Joaquin	<input type="checkbox"/> Sonoma	
<input type="checkbox"/> Fresno	<input type="checkbox"/> Madera	<input type="checkbox"/> Orange	<input type="checkbox"/> San Luis Obispo	<input type="checkbox"/> Stanislaus	<input type="checkbox"/> STATEWIDE

V. DESCRIPTION OF ACTIVITIES**New Applicants**

Please provide a statement, no greater than 25 words in length,¹ describing your organization's activities. DO NOT include the name of your organization in your statement. Your web address may be included and will not be counted as part of the 25 words. This statement will be included in the local Campaign Brochures.

Sample appearance in brochures:

0000 Name of Organization

Address

Phone no.

25 Word Description

Previous Applicants

Modifications may be made by lining out information and writing in the desired wording. A separate sheet may be attached, if necessary.

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No changes are necessary. Please continue to use the previous statement

CSECC ID Number: _____

¹ The Board will edit any statement that uses special fonts or exceeds 25 words.

VI. AS CONDITIONS FOR APPROVAL OF THIS APPLICATION:

A. We agree that any PCFD approved by the Victim Compensation and Government Claims Board (Board) for the 2004 Campaign may, prior to transmitting to us the contributions designated to our organization, deduct a percentage for the reimbursement of PCFD fundraising and administrative expenses. We understand that the Board-approved percentage rate for this deduction will be published in the Campaign literature distributed by the PCFD to State officers and employees.

B. We acknowledge:

That this original application form must be **completed** and postmarked no later than the date specified by the Board. A timely submission is necessary to ensure that our organization will, if approved by the Board, be included, by name, in the Campaign literature distributed by the PCFD to State officers and employees.

C. We certify under penalty of perjury:

- 1) That we are currently a charitable organization qualified as "exempt" under Section 23701d of the Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and
- 2) That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Section 12900).

**DO NOT SUBMIT THIS APPLICATION UNLESS IT IS COMPLETE;
INCLUDING ANY REQUIRED DOCUMENTATION**

Original Signature of Authorized Officer (blue ink preferred)

Date

Typed or Printed Name of Authorized Officer

Authorized Officer Title

Return this completed application to:

Victim Compensation and Government Claims Board
Attn: Marlene Dederick, Campaign Coordinator
PO Box 3035
Sacramento CA 95812 - 3035

**PLEASE DO NOT SEND EXTRA COPIES OF THE APPLICATION OR
INFORMATION NOT REQUESTED.**

DON'T HESITATE TO CONTACT US IF YOU HAVE ANY QUESTIONS.
Our toll free number is 1- (800)-955-0045.

CSECC law, rules and policies, as well as copies of the application and instructions can be downloaded by visiting our website at www.boc.ca.gov/csecc.htm

CSECC ID Number: _____